CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 13.2
TITLE: FOLLOW-UP HOSPITAL VISITS

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(iii)

TRICARE POLICY MANUAL: Chapter 1, Section 4.7

I. EFFECTIVE DATE

Effective January 1, 1992 the American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (i.e., visit codes) were revised. The former CPT 90000 series codes were replaced by a new CPT 99000 series. These new codes were adopted for CHAMPVA claims processing for claims submitted on or after January 1, 1992.

II. PROCEDURE CODE(S)

99231-99233; 99238, and 99239

III. DESCRIPTION

Follow-up hospital visits (subsequent hospital care) are visits subsequent to the initial visit. They include examination of the patient, assessment of technically acquired data, alteration in the diagnostic or treatment plan, maintenance of hospital records, discussion with the patient and family regarding medical status and the following specific services:

1. routine administration of blood, plasma, and intravenous fluid, except in patients under three years of age;
2. evaluation of laboratory and x-ray reports;
3. application or changing of dressings;
4. reviewing progress and nursing notes; and
5. writing orders.

IV. POLICY

A. Hospital visits are covered when provided by an individual professional provider for the diagnosis or treatment of a specific illness or condition or set of symptoms. Visits are classified according to the following factors:

1. approach and detail of the medical history;

2. extent of the examination;

3. complexity of the decision making process;

4. severity of the presenting problem; and

5. time spent in direct professional care of the patient.

B. If the claim does not specify the level of the visit, it will be processed and paid under CPT procedure code 99231.

C. More than one hospital visit on the same day by the same provider to a patient is not covered unless the CHAMPVA Center determines that multiple visits are appropriate (see Chapter 2, Section 8.1, *Critical Care*, for exceptions).

D. A hospital visit on the final day (99238, and 99239) includes examination of the patient, discussion of the illness and prognosis, instructions for continuing care and completion of the hospital and insurance records. No additional charge is payable for the hospital discharge summary.

E. No payment may be made for discharging a patient by telephone.

V. POLICY CONSIDERATIONS

A. Hospital visits at the 99232 and 99233 level may be covered for up to seven days. Claims which exceed seven days must be documented as to the medical necessity for the higher level and must be submitted to medical review. Claims which do not contain the required documentation will be processed and paid under CPT procedure code 99231.

B. Only the attending physician can render and bill for follow-up visits. If the attending physician requests the opinion or advice of another physician, that physician's services are to be billed and reimbursed as a consultation (see Chapter 2, Section 15.7, *Consultations*). Follow-up visits by a surgeon are to be included in the surgical fee.

END OF POLICY